Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

2010

OMB Nos. 1210-0110 1210-0089

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I	Annual Report I	<u>lder</u>	ntification Information									
For	calenda	ar plan year 2010 or fise	cal p	plan year beginning 12/31/201	0	and ending 1	2/30/2	2011					
Α	This ret	:urn/report is for:	X :	single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan					
В	This ret	urn/report is for:		first return/report	final retu	n/report	_						
		·	Ħ,	an amended return/report	short plai	n year return/report (less than 12 mor	nths)						
C	Check h	box if filing under:	X	Form 5558	automatic	extension	,	DFVC program					
Ū	Officer	oox ii iiiiiig dildei.	=	special extension (enter description	1								
D	art II	Pasis Blan Infor	ш	tion—enter all requested inform	,								
	Name		IIIIa	tion—enter all requested inform	iation		1h	Three-digit					
		of plan FLOORCOVERING C	:OMF	PANY PENSION PLAN			10	nlan number					
		. 200110012111100						(PN) ▶ 001					
							1c	Effective date of plan					
								12/31/1982					
		ponsor's name and add FLOORCOVERING C		(employer, if for single-employer	r plan)		2b	Employer Identification Number					
301	IODEKT	PLOOKCOVERING C	Olvir	ANT		·	2c	(EIN) 91-0865981 Plan sponsor's telephone number					
		NTH AVENUE SOUTH						206-762-2300					
SEA	IILE, V	VA 98108					2d	Business code (see instructions)					
2-	Di				. "0	"	26	238300					
SCH	Pian ad IUBERT	dministrator's name and FLOORCOVERING C	a ad OMF	dress (if same as Plan sponsor, e PANY 8305 SEVEN	NTH AVEN	e") UE SOUTH	SD	Administrator's EIN 91-0865981					
				SEATTLE, V	VA 98108		3c	Administrator's telephone number					
								206-762-2300					
				sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN					
	name, c	zin, and the plan humb	bei ii	om the last return/report. Sponso	or s name		4c	PN					
5a	Total r	number of participants a	at the	e beginning of the plan year			5a	15					
b	Total r	number of participants a	at the	e end of the plan year		5b	3						
С						vear (defined benefit plans do not							
	compl	ete this item)					5c						
6a						(See instructions.)		Yes No					
b						ndent qualified public accountant (IQF ions.)		X Yes ☐ No					
			•			SF and must instead use Form 550							
Pa	art III	Financial Inform											
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year					
а	Total p	olan assets			7a	728218	3	22831					
b	Total p	olan liabilities				0)	0					
С	Net pla	an assets (subtract line	7b f	rom line 7a)	. 7с	728218	1	22831					
8	Incom	e, Expenses, and Trans	sfers	for this Plan Year		(a) Amount		(b) Total					
а		butions received or received				0							
	` '	. ,			, ,	0	_						
	` '	•			` '	0	_						
		` <u> </u>					_						
b		` ,				356243	·	256242					
C				(2), 8a(3), and 8b)	8c			356243					
d				overs and insurance premiums	8d	1061630							
е	•	,		distributions (see instructions)		0							
f				salaries, fees, commissions)		0							
g		·	`			0							
h		•		8f, and 8g)				1061630					
i		,		h from line 8c)				-705387					
		` , `		nstructions)		0							
J	ransi	iers to (iroin) the plan (s	300	113ti uctions)	· 8i	· · · · · · · · · · · · · · · · · · ·							

	F	orm 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $G=1$	racteri	stic Co	des in	the instru	uctio	ns:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	les in	the instru	ctior	ns:		
art	t V	Compliance Questions								
0	Durir	ng the plan year:		Yes	No		Aı	noun	t	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c	X					30	0000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h							
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con				•		Ye	es X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Codo	e or se	ection 3	02 of	ERISA?.		Ye	es X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ing the waiver								
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			zai		
	-	the minimum required contribution for this plan year		Г	12b					
		the amount contributed by the employer to the plan for this plan year			12c					
	Subti	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d					
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>	<u></u>		Yes		No		N/A
art	VII	Plan Terminations and Transfers of Assets								

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Yes X No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/01/2012	STEPHEN DELOREY					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accord	dance with	the instructions to the Form 5500-	SF.							
Part Annual Report Identification Information										
For calendar plan year 2010 or fiscal plan year beginning 1	For calendar plan year 2010 or fiscal plan year beginning 12/31/2010 and ending 12/30/2011									
A This return/report is for:	multiple-er	nployer plan (not multiemployer)	Į.	one-participant plan						
B This return/report is for: first return/report	final return	/report								
an amended return/report	short plan	year return/report (less than 12 mont	hs)							
C Check box if filling under:		DFVC program								
special extension (enter description										
Part II Basic Plan Information—enter all requested inform										
1a Name of plan	ELIO11		1b	Three-digit						
Schubert Floorcovering Company Pension F	lan			plan number						
•				(PN) 001						
				Effective date of plan 12/31/1982						
		Type of the Common Control of the Control		Employer Identification Number						
2a Plan sponsor's name and address (employer if for single-employer Schubert Floorcovering Company	plan)			(EIN) 91-0865981						
				Plan sponsor's telephone number						
8305 Seventh Avenue South				(206) 762-2300						
9302 Bevericit Walitte porter				Business code (see Instructions) 238300						
Seattle		WA 98108		Administrator's EIN						
3a Plan administrator's name and address (if same as Plan sponsor, e Same	enter Same	")	JU	Administrator a Fire						
band			3с	Administrator's telephone number						
4 If the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	<u>4b</u>	EIN						
name, EIN, and the plan number from the last return/report. Sponso	ors name		4c	PN						
5a Total number of participants at the beginning of the plan year			5a	15						
		5b	3							
b Total number of participants at the end of the plan year										
complete this item)	n the plan y	ear (defined beliefit blans do not	5c							
6a Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)	******	X Yes No						
h Are you eleiging a waiver of the annual evenination and report of	b. Are you deliming a waiver of the annual examination and report of an independent qualitied bublic accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
	orm 5500-	SF and must instead use Form 550	U.							
Part III Financial Information	AUSTRALIA (NAS	(a) Designation of Voor	T	(b) End of Year						
7 Plan Assets and Liabilities	WANGE NEWS	(a) Beginning of Year 728,218	ρ	22,831						
a Total plan assets	1		0							
b Total plan liabilities		728,21		22,831						
c Net plan assets (subtract line 7b from line 7a)	7c		Ť	(b) Totai						
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	7888	(n) rotat						
Contributions received or receivable from: (1) Employers	8a(1)		o							
(2) Participants	8a(2)		0							
(3) Others (including rollovers)			0 🖔							
b Other income (loss)		356,24	3							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u></u>			356,243						
d Benefits paid (including direct rollovers and insurance premiums										
to provide benefits)	8d	1,061,63	٧ 							
e Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>		익							
f Administrative service providers (salaries, fees, commissions)	8f		이							
g Other expenses	8g		0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1,061,630						
i Net income (loss) (subtract line 8h from line 8c)	1			(705,387)						
Transfers to (from) the plan (see instructions)			0							
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instruc		n 5500-SF.		Form 5500-SF (2010) v.092308						

	Form 5500-SF 2010 Page 2-							
330	Plan Characteristics				*			
1	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acterís	tic Co	des in	the instruc	lions:		
	1A 1G 1I 3D							
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Coc	ies in t	ne instruct	ions:		
Sint'					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
iri	V Compliance Questions		Yes	No		Amo	unt	
, _	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		, 00	,,,,		71110	4112	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	,	Х	***************************************		<i></i>	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	ا ا		ν,				
	on line 10a.)	10b		X			*	
C	Was the plan covered by a fidelity bond?	10c	X				300	,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	<u> </u>						
_	Insurance service or other organization that provides some or all of the benefits under the plan? (See	10e.		х	. L. Selvenbergeber, objekt och			
£	Instructions.) Has the plan failed to provide any benefit when due under the plan?	10f	1 - 201100	х	. E Salamanana L. phase			
		1						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	ļ	X		8889 V:	NEAS.	MANAGERS
n	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
irt	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	dule SE	3 (Form	Д	Yes	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		المسم	andae Ha	a data at i	ha lat	tar ruii	n.a
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver.	cuons th	, and t	Day	e date of t	Year	ter ron:	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-		·			
	Enter the minimum required contribution for this plan year		[12b				
C	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		lo	N/A
ari	VII Plan Terminations and Transfers of Assets				****	-		
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		.,,	******		X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	*******	• • • • • • • • • • • • • • • • • • • •	*****			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	ne pla						
	13c(1) Name of plan(s):		13	3c(2) E	IN(s)	+	13c(3)	PN(s)
						1		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Part IV

Part V

10

12

Part VII

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Donthy Schubul		,	Dorothy Schubert
1	Signature of plan administrator	Date 9 27	2	Enter name of individual signing as plan administrator
SIGN	Doothy Lauber	-		Dorothy Schubert
SY 42-20	Signature of employer/plan sponsor	Date 9(27 1	ν	Enter name of individual signing as employer or plan sponsor